



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/660,785
		Filing Date	September 13, 2000
		First Named Inventor	Hansen, Benjamin E.
		Art Unit	2645
		Examiner Name	Roland G. Foster
Total Number of Pages in This Submission	1	Attorney Docket Number	020366-069210

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Request for Continued Examination (RCE) Transmittal

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Irvin E. Branch	Reg. No. 42,358
Signature		
Date	April 15, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Aurora Lowell		
Signature		Date	April 15, 2004

**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 880

Complete if Known

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METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	20-1430		
Deposit Account Name	Townsend and Townsend and Crew LLP		
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		Extra Claims	Fee from below
Independent Claims			
Multiple Dependent			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)
**or number previously paid, if greater; For Reissues, see above			

3. ADDITIONAL FEES				
Large	Entity	Small	Entity	Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051 130	2051 65	1053 130	2053 65	Surcharge - late filing fee or oath
1052 50	2052 25	1053 130	2053 65	Surcharge - late provisional filing fee or cover sheet.
1053 130	2053 65	1053 130	2053 65	Non-English specification
1812 2,520	2051 65	1812 2,520	2051 65	For filing a request for reexamination
1804 920*	1804 920*	1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*	1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251 110	2251 55	1251 110	2251 55	Extension for reply within first month
1252 420	2252 210	1252 420	2252 210	Extension for reply within second month
1253 950	2253 475	1253 950	2253 475	Extension for reply within third month
1254 1,480	2254 740	1254 1,480	2254 740	Extension for reply within fourth month
1255 2,010	2255 1,005	1255 2,010	2255 1,005	Extension for reply within fifth month
1401 330	2401 165	1401 330	2401 165	Notice of Appeal
1402 330	2402 165	1402 330	2402 165	Filing a brief in support of an appeal
1403 290	2403 145	1403 290	2403 145	Request for oral hearing
1451 1,510	2451 755	1451 1,510	2451 755	Petition to institute a public use proceeding
1452 110	2452 55	1452 110	2452 55	Petition to revive - unavoidable
1453 1,330	2453 665	1453 1,330	2453 665	Petition to revive - unintentional
1501 1,330	2501 665	1501 1,330	2501 665	Utility issue fee (or reissue)
1502 480	2502 240	1502 480	2502 240	Design issue fee
1503 640	2503 320	1503 640	2503 320	Plant issue fee
1460 130	1460 130	1460 130	1460 130	Petitions to the Commissioner
1807 50	1807 50	1807 50	1807 50	Petitions related to provisional applications
1806 180	1806 180	1806 180	1806 180	Submission of Information Disclosure Stmt
8021 40	8021 40	8021 40	8021 40	Recording each patent assignment per property (times number of properties)
1809 770	2809 385	1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 770	2810 385	1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))
1801 770	2801 385	1801 770	2801 385	Request for Continued Examination (RCE)
1802 900	1802 900	1802 900	1802 900	Request for expedited examination of a design application
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)
				(\$)880

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Irvin E. Branch	Registration No. (Attorney/Agent)	42,358
Signature		Telephone	303-571-4000
		Date	April 15, 2004

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